



MACDILL AIR FORCE BASE
Clinical Refresher Training
Placement Request Form
Active Duty – Registered Nurse

(NOTE: This sample letter is to be completed by the non-VA Program Director and sent to the VA Facility Director through the VA Designated Educational Officer and Chief of Staff. This letter will be used to certify the qualifications and credentials of the trainees enrolled in the respective affiliated training program)

Department, Program, or Sponsoring Entity
Address
City, State, Zip Code

Trainee Director for Nursing
James A. Haley Veterans Hospital and Clinics
13000 Bruce B. Downs Blvd.
Tampa, FL. 33624

Dear Nursing Education:

I certify that the information below has been verified for the trainees listed below is scheduled to receive clinical training at a Department of Veterans Affairs (VA) facility.

RN Full Name:

Social Security Number

Date of Birth

City and State of Birth

Clinical Start Date

Clinical End Date

I certify that the information for the trainee listed is correct. The below documents are maintained on file and available to VA officials for review.

1. Primary source verification of nursing licensure, current BCLS.
2. Has satisfactory health to perform the duties.
3. Has completed tuberculin testing as required by the Center for Disease Control (CDC), and VA facility standards, hepatitis B vaccination or have a signed declination waivers and has chicken pox vaccine or have sign declination waivers.

2. In addition, I certify that these trainees:

- a. Are enrolled in the clinical refresher training from Mc Dill AFB.



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- b. Have satisfactory health to perform the duties of the clinical training program;
 - c. Have had tuberculin testing as required by the Center for Disease Control (CDC) or VA standards;
 - d. Have had hepatitis B vaccination or have signed declination waivers;
 - e. Have had primary source verification of educational credentials as required by the admission criteria of the training program
 - f. Have had primary source verification of current nursing license
3. I will notify the VA Designated Educational Officer within 72 hours of changes in the academic status of individual trainees, adverse actions that affect the trainee appointment, or changes in health status that pose a risk to the safety of trainees, other employees, or patients.
4. I certify that all documents pertaining to the listed trainees are maintained on file and available to VA officials for review.

Print Name of AFB Mac Dill Supervisor:

Signature: _____ (Date) _____
AFB Mac Dill Supervisor phone # _____

The RN will:

- *Wear DOD badge to the hospital.*
- *Present clinical objectives to their nurse preceptor.*
- *Nurses **will not** be allowed write access to electronic chart and may pass medications without direct supervision of a nurse preceptor.*

Please submit this completed form in one email to all of the recipients listed below, and include a copy of the Mandatory Training for Trainees (MTT) and this form.

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Jose.Ramirez@va.gov

¹ **NOTE:** *Any trainee who does not meet all of the criteria or upon whom all primary source verification has not been completed should be processed on a separate TQCVL. For these trainees, deficiencies or discrepancies should be stated explicitly and an explanation provided.*